



229135

Asbestos Project Notification

Project Reference Number: 25901225

Type: Initial Notification

Status: Notification Received

Notification Received: 3/20/2012

Payment Status: Unpaid

Number of amendments: 0

Notification Entered By: Mack Enterprises,
LLC

Contractor Information

FEIN: 542075236

Mack Enterprises, LLC

Mailing Address

61 W. Emerson Ave.

Rahway NJ 07065

Asbestos License Number: 60028

Duly Authorized Representative

Dana Mihailovic, Director

Phone Number: 973-759-5284

E-mail Address: mackenterprises@earthlink.net

Project Information

Project Start Date: 4/1/2012

Project End Date: 9/1/2012

Project Location County: Westchester

Worker Compensation

Worker Compensation Policy#:

WC Exemption Certificate#:

Number of your employees you expect to be on project:

Will temporary workers be used?

If yes, name of temporary agency:

Project Location

Building Name: SUNY Purchase Building 45

Room or Location:

Bridge ID#:

Address Line 1: 735 Anderson Hill Road

Address Line 2:

City Town or Village: Purchase

State: New York

Zip Code: 10577

Building Information

Current Use: School
Prior Use: School
Approximate Year Built: 1960
Size(sq.ft): 40000
Is this fee exempt project?: NO
Reason:

Building Representative/Site Contact

Name: Sal Boccio
Phone Number: 914-962-5337
E-mail Address:
Cell Phone Number:

Phase Details

Phase #	Phase Start Date	Phase End Date	Phase Location	Phase Scope
1	4/1/2012	4/11/2012	Building 45, Purchase, NY	in wall flashing CrossRoad North elevation
2	5/21/2012	9/1/2012	Building 45	TBD (exterior window glazing, in wall flashing, popcorn ceiling)

Sub-Contractor Details

Name: Asbestos License Number:

Night/Weekend/Shift Work Details

7am-7pm business days, weekend

Party for Whom Work is being Performed

First Name: Sal Last Name: Boccio
Organization: RokBuilt Construction
Apt./Suite: Address Line 1: 1725 Front Street
Address Line 2: City Town or Village: Yorktown Heights
Province: State: NY
Zip Code: 10598 Country: United States
Contract Dollar Amount: \$500,000.00

Variance Information

AV-A-3:Non-friable ACM Floor Covering Mastic Removal Using Chemical Methods along with Low-speed Floor Buffers.
Individual Variances Pending

Procedures and Type of Equipment and Ventilation Systems Used

Negative air filtration units, hepa vacuums, airless sprayers

Air Monitoring Firm

Name: Asbestos License Number:
Atlantic Testing Laboratories, Limited 29276

Laboratory Performing Analysis

Name: ELAP Registration Number:
Ameri Sci, Inc 11480

Type of Asbestos Work

Pipe Related:	No	Siding:	No
Clean up:	No	Vessel covering:	No
Caulking/mastic:	No	Spray-on insulation:	No
Roofing/flashing:	No	VAT:	No
Demolition:	No	Demolition Ref#:	
Other-specify:	in-wall flashing		

Waste Transporter

Name: Newark Carting
NYS DEC or EPA Permit Number: NJ-566
Phone Number: 973-491-0034
Apt./Suite:
Address Line 1: POB 5670
Address Line 2:
City Town or Village: Newark
Province:
State: NJ
Zip Code: 07105
Country: United States

Landfill

Name: TRRF
Phone Number: 800-869-5566
Apt./Suite:
Address Line 1: 200 Bordentown Road
Address Line 2:
City Town or Village: Tullytown
Province:
State: PA
Zip Code: 19007
Country: United States

Type and Amount of Asbestos Containing Material

Friable linear feet:	0	Friable square feet:	0
Non-friable linear feet:	0	Non-friable square feet:	423

Fee

Total linear feet: 0.0
Total square feet: 423.0
Total Fee: 400.0

Project Fee Schedule

If the notification was submitted prior to 4/7/09, the actual project fee is one half of the amount shown on the fee schedule

Linear Feet:	Fee	Square Feet:	Fee
0 - 259 feet:	\$0	0 - 159 feet:	\$0
260 - 429 feet:	\$200	160 - 259 feet:	\$200
430 - 824 feet:	\$400	260 - 499 feet:	\$400
825 - 1649 feet:	\$1000	500 - 999 feet:	\$1000
1650 or more feet:	\$2000	1000 or more feet:	\$2000

Remarks

FedEx *US Airbill*
Express

8620 4426 7299

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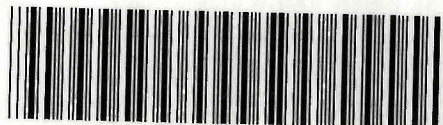
Form
ID No.

FedEx Retrieval Copy

1 From
Date 3/22/12 Sender's FedEx Account Number 319 521 031
Sender's Name Mack Enterprises Phone 978 759-5080
Company _____
Address 120 Greylock Ave.
City Belleville State NJ ZIP 07109 Dept./Floor/Suite/Room _____

2 Your Internal Billing Reference

3 To
Recipient's Name Asbestos/NESHAPS Phone _____
Company US EPA
Recipient's Address 240 Broadway
We cannot deliver to P.O. boxes or P.O. ZIP codes.
Address _____ Dept./Floor/Suite/Room _____
To request a package be held at a specific FedEx location, print FedEx address here.
City New York State NY ZIP 10007



8620 4426 7299

4a Express Package Service

- 1** ☒ **FedEx Priority Overnight**
Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 5** ☐ **FedEx Standard Overnight**
Next business afternoon.* Saturday Delivery NOT available.
- 6** ☐ **FedEx First Overnight**
Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.
- 3** ☐ **FedEx 2Day**
Second business day.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 20** ☐ **FedEx Express Saver**
Third business day.* Saturday Delivery NOT available.
- * To meet locations. FedEx Envelope rate not available. Minimum charge: One-pound rate.

4b Express Freight Service

- 7** ☐ **FedEx 1Day Freight***
Next business day.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 8** ☐ **FedEx 2Day Freight**
Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- 83** ☐ **FedEx 3Day Freight**
Third business day.** Saturday Delivery NOT available.
- * Call for Confirmation. ** To meet locations.

5 Packaging

- 6** ☒ **FedEx Envelope***
- 2** ☐ **FedEx Pak***
Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.
- 3** ☐ **FedEx Box**
- 4** ☐ **FedEx Tube**
- 1** ☐ **Other**
* Declared value limit \$500.

6 Special Handling

- 3** ☐ **SATURDAY Delivery**
Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.
- 1** ☐ **HOLD Weekday at FedEx Location**
Not available for FedEx First Overnight.
- 31** ☐ **HOLD Saturday at FedEx Location**
Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.
- Include FedEx address in Section 3.
- Does this shipment contain dangerous goods?**
One box must be checked.
☒ **No** ☐ **Yes**
As per attached Shipper's Declaration. ☐ **Yes** Shipper's Declaration not required.
- 6** ☐ **Dry Ice**
Dry ice, 5, UN 1845 x _____ kg
- ☐ **Cargo Aircraft Only**
- Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment Bill to:

- 1** ☐ **Sender** Acct. No. in Section 1 will be billed.
- 2** ☐ **Recipient**
- 3** ☐ **Third Party**
- 4** ☐ **Credit Card**
- 5** ☐ **Cash/Check**
- Enter FedEx Acct. No. or Credit Card No. below. Obtain Recip. Acct. No.

Total Packages

Total Weight

*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

Credit Card Auth.

8 Residential Delivery Signature Options

If you require a signature, check Direct or Indirect.

- No Signature Required**
☐ Package may be left without obtaining a signature for delivery.
- 10** ☐ **Direct Signature**
Someone at recipient's address may sign for delivery. **Fee applies.**
- 34** ☐ **Indirect Signature**
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. **Fee applies.**

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